


# EXHIBIT B

CONFIRMED FILE DATE: 12/3/2015

| SENDER: COMPLETE THIS SECTION   |  | COMPLETE THIS SECTION ON DELIVERY  |  |
|---|--|--|--|
| <p>■ Complete items 1, 2, and 3 Also complete item 4 if Restricted Delivery is desired</p> <p>■ Print your name and address on the reverse so that we can return the card to you</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits</p> <p>1 Article Addressed to</p> <p><b>JOSE ROCHIN</b><br/> <b>5511 PRIMEROSE</b><br/> <b>HOUSTON, TX 77017</b><br/> 2015 68363 215™</p> |  | <p>A. Signature  <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B Received by (Printed Name) <u>JOSE ROCHIN</u> C Date of Delivery <u>12-1-15</u></p> <p>D Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If YES enter delivery address below:</p> |  |
| <p>RECORDER'S MEMORANDUM <u>P. 2</u></p> <p>This instrument is of poor quality at the time of imaging</p>   |  | <p>Service Type</p> <p><input type="checkbox"/> Certified Mail <input type="checkbox"/> Priority Mail Express™</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery</p> <p>Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes <input type="checkbox"/> No</p>           |  |
| <p>7015 1730 0002 4369 054</p>  |  | <p>EXPEDITED FORECLOSURE</p>   |  |
| <p>PS Form 3811, July 2013</p>  |  | <p>Domestic Return Receipt <u>72149715</u></p>   |  |

UNITED STATES POSTAL SERVICE  
FM 91

DEC 15



First Class Mail  
Postage & Fees Paid  
USPS  
Permit No G-10

• Sender Please print your name, address, and ZIP+4® in this box

CHRIS DANIEL, DISTRICT CLERK  
HARRIS COUNTY, TEXAS  
CIVIL INTAKE  
PO BOX 4651  
HOUSTON, TEXAS 77210

CHRIS DANIEL  
DISTRICT CLERK  
HARRIS COUNTY TEXAS

2015 DEC - 8 AM 7: 37

Da-3

3Y

Unofficial Copy of Chris Daniel

CONFIRMED FILE DATE: 12/4/2015

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3 Also complete item 4 if Restricted Delivery is desired
- Print your name and address on the reverse so that we can return the card to you
- Attach this card to the back of the mailpiece, or on the front if space permits

Article Addressed to

**RECORDER'S MEMORANDUM**This instrument is of poor quality  
at the time of imaging**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

**X**☐ Agent☐ Addressee☐ Date of Delivery

B Received by (Printed Name)

C

D Is delivery address different from item 1? ☐ Yes ☒ No

If YES enter delivery address below

WI C

ANSWERED

FILE

UNDER WRITERS AT LLOYDS LONDON SUBSCRIBING

EDWARD T SMITH AT MENDES &amp; MOUNT LLP

750 7TH AVE

NEW YORK, NY 10019-6829

2015 68363 215<sup>TH</sup>

Service Type

☐ Certified Mail<sup>®</sup> ☐ Priority Mail Express<sup>™</sup>☐ Registered ☐ Return Receipt for Merchandise☐ Insured Mail ☐ Collect on DeliveryRestricted Delivery? (Extra Fee) ☐ Yes ☒ No

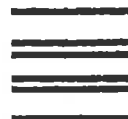
36 Exam 9811 11/17/2015

Domestic Return Receipt

7015 1730 0002 4023 8821 EXPEDITED FOR POSTAL SERVICE

UNITED STATES POSTAL SERVICE

MY 107  
30 NOV 15



First-Class Mail  
Postage & Fees Paid  
USPS  
Permit No G 10

• Sender: Please print your name, address, and ZIP+4® in this box.

CHRIS DANIEL, DISTRICT CLERK  
HARRIS COUNTY, TEXAS  
CIVIL INTAKE  
P.O. BOX 4651  
HOUSTON, TEXAS 77210

2015 DEC -4 AM 5

CONFIRMED FILE DATE: 12/8/2015

| SENDER: COMPLETE THIS SECTION  |  | COMPLETE THIS SECTION ON DELIVERY  |  |
|--|--|--|--|
| <p>1 Article Addressed to</p> <p><b>REORDER MEMORANDUM</b><br/>This instrument is of poor quality<br/>at the time of imaging</p> <p><b>UNDERWRITERS AT LLOYDS LONDON SUBSCRIBING</b><br/>C/O EDWARD SMITH<br/>750 7TH AVE<br/>NEW YORK, NY 10019 6829<br/>2015 68363 215<sup>TH</sup></p> <p><b>2015-68363</b></p>   |  | <p>A Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/></p> <p>B Received by <b>D. D. [Signature]</b> <input type="checkbox"/> Addressee</p> <p>C Date of Delivery</p> <p>D Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No<br/>If YES, enter delivery address below<br/><b>W &amp; M, LLP</b></p> |  |
| <p>Service Type</p> <p><input type="checkbox"/> Certified Mail <input type="checkbox"/> Priority Mail Express™<br/> <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise<br/> <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery</p> <p>4 Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes <input type="checkbox"/> No</p> |  | <p>2</p> <p>7015 1730 0002 4369 0565 EXPEDITED FORECLOSURE</p> <p>PS Form 3811, July 2013 Domestic Return Receipt 7218 &amp; 719</p>   |  |

UNITED STATES POSTAL SERVICE

NOV 15

NOV 15



First Class Mail  
Postage & Fees Paid  
USPS  
Permit No G-10

Sender Please print your name, address, and ZIP+4® in this box®

15 DEC

15 DEC

CHRIS DANIEL, DISTRICT CLERK  
HARRIS COUNTY, TEXAS  
CIVIL ENFORCE  
PO BOX 4651  
HOUSTON, TEXAS 77210

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